

Georgia Department of Agriculture

1109 Experiment Street • Redding Building • Griffin, Georgia 30223 • 770-228-7215

ORGANIC PRODUCER REGISTRATION APPLICATION

□ New

□ Renewal

Registration expires on December 31 of the year issued

			•		
Name of Producer:					
Mailing Address					
City:	State:	Zip code:	County:		
Physical Address of Farm: (if different f	From Mailing):				
Contact Person:		Title:	Title:		
Telephone number:		e-mail:	e-mail:		
List products grown, ar	nount grown, and ac	res in organic production	n and the annual g	ross sales	
Product Grown	Amount Grown		ganic A	Annual Gross Sales	
		Troduction			

Name	entities certifying these product(s) (if any): Address		
rvame	Address		
Additional Information:			
	c production or handling system plan (must be approved by you		
• Enclose a copy of your current organic ce	ertificate.		
	v the registration unless no longer engaged in organic		
CHANGES IN THE ABOVE INFORMAT Mail Application To: Ga. Dept. of Agriculture 1109 Experiment Street	Owner/ Corporate Officer (PRINT)		
Redding Building			
Griffin, Georgia 30223	Owner / Corporate Officer Signature only		
	Title		
For Office Use Only			
Date Application received:/	Registration No.:		
Application Approved By:			